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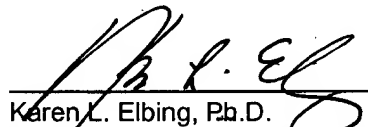
Certificate of Mailing	
Date of Deposit <u>April 27, 2001</u>	Label Number: <u>EL509046873US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
<u>Guy Beardsley</u>	<u>Guy Beardsley</u>
Printed name of person mailing correspondence	Signature of person mailing correspondence

JCS90 U.S. PTO
09/844353
04/27/01

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	00786/351005
Applicant	Gary Ruvkun, Koutarou Kimura, Garth Patterson, Scott Ogg, Suzanne Paradis, Heidi Tissenbaum, Jason Morris, and Allison Kowek
Title	THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED GLUCOSE TOLERANCE CONDITIONS
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 08/857,076, filed August 3, 2000, which is a continued prosecution application of 08/857,076, filed May 15, 1997.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 pages
Specification	115 pages
Claims	3 pages
Abstract	1 page
Drawings	45 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/857,076 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Sequence Statement	2 pages
Sequence Listing on Paper	63 pages
Sequence Listing on Diskette	1 disk

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TO: 240-6544660

Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	10 pages
Form PTO 1449	7 pages
Cited References ^u	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: $17 - 20 = 0 \times \$9$	\$0.00
Excess Independent Claims Fee: $6 - 3 = 3 \times \$40$	\$120.00
Multiple Dependent Claims Fee: \$135	\$135.00
Total Fees:	\$610.00
<input checked="" type="checkbox"/> Enclosed is a check for \$475.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Karen L. Elbing, Ph.D. Reg. No. 35,238 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 <div style="text-align: right;"> Telephone: 617-428-0200 Facsimile: 617-428-7045 </div>	
CUSTOMER NO: 21559	
 Karen L. Elbing, Ph.D.	<u>27 April 2001</u> Date

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